MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01531

1544 **CERTIFICATE OF DEATH** Reg. Dist. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Phys Mem Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laplata
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Gertrude (Middle) (Last) Barnes

4. DATE OF DEATH: (Month) Feb (Day) 3 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH: Nov 17, 1892

9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H w

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Columbus Morris

14. MOTHER'S MAIDEN NAME: Mary C Butler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 213-08-1696

17. INFORMANT & ADDRESS: Sands Barnes

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
517X
Immediate cause (a) Obstructive laryngitis — Interval Between Onset and Death: 1 day
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) throat infection — 2 weeks
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 22 Jan, 1955, to 3 Feb, 1955, that I last saw the deceased alive on 3 Feb, 1955, and that death occurred at 3:45 P.M., from the causes and on the date stated above.

SIGNATURE Frederick M. Johnson (DEGREE OR TITLE) M.D. ADDRESS La Plata Md. DATE SIGNED 3 Feb 55

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF Feb 6-55 NAME OF CEMETERY OR CREMATORY New town LOCATION (City, town, or county) (State) La Plata Md

DATE REC'D BY LOCAL REG. 2/5/55 REGISTRAR'S SIGNATURE Julia H. Casey

24. FUNERAL DIRECTOR ADDRESS Calvert Funeral Home Inc La Plata Md

RECEIVED
FEB 8 1955
BUREAU V. S.

1545

20% Items 21 Film G177 3-1-55 ams

MARYLAND STATE DEPARTMENT OF HEALTH

01532

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Spring Hill
   LENGTH OF STAY (in this place)
   HOSPITAL OR INSTITUTION OR STREET ADDRESS OD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington 47 x-3
   STREET ADDRESS (If rural, give location) 1404 Decatur St. N.W. ✓

3. NAME OF DECEASED (Type or Print): (First) AMELIA (Middle) ROSE (Last) BOWERS
4. DATE OF DEATH: (Month) Feb. (Day) 12 (Year) 1955
5. SEX: F
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: 3-3-34
9. AGE last birthday: 20 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): N.C.
12. CITIZEN OF WHAT COUNTRY? U S
13. FATHER'S NAME: William M. Schoffeld
14. MOTHER'S MAIDEN NAME: Naomi York
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Billie M. Bowser, same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
   Immediate cause (a) Fractured neck — Interval Between Onset and Death: instant
   Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 812 X
   (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Multiple lacerations on head + fractured tibia & fibula (rt.) instant

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY highway
(CITY OR TOWN) Spring Hill (COUNTY) Charles (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) Feb 12 55 8.15 P.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Was struck by car while walking on highway

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Frederick M. Johnson (Degree or title) M.D. ADDRESS: La Plata, Md DATE SIGNED: 13 Feb 55

23. BURIAL, CREMATION / REMOVAL (Specify): Burial — DATE THEREOF: 2/15/55 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State): Wash. D.C.

DATE REC'D BY LOCAL REG. 2/13/55 — REGISTRAR'S SIGNATURE: Julia H. Casey

24. FUNERAL DIRECTOR: W.W. Chambers, Wash. D.C. — ADDRESS

RECEIVED
FEB 15 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01533

1546 **CERTIFICATE OF DEATH** Reg. Dist. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Hughesville
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 01 Route #5

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hughesville X
STREET ADDRESS (If rural, give location): Route #5 1

3. NAME OF DECEASED: (Type or Print) (First) Levin (Middle) (Last) Canter

4. DATE OF DEATH: (Month) February (Day) 26 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: W-U.S.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: 11-5-1863

9. AGE last birthday: 91 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Hortis Canter

14. MOTHER'S MAIDEN NAME: Columbia Hayden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Belle Estep, Hughesville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.0
Immediate cause (a) Arterio-Sclerotic Heart Disease — Interval Between Onset and Death: 4 years
DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Generalized Arterio-Sclerosis — 20 4 years
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from September 19 45, to February 19 55, that I last saw the deceased alive on February 19 55, and that death occurred at 4:30 a.m., from the causes and on the date stated above.

SIGNATURE: John H. Griffin, (DEGREE OR TITLE) M.D. ADDRESS Hughesville, Md. DATE SIGNED 2/26/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 3-1-1955 — NAME OF CEMETERY OR CREMATORY Old Fields — LOCATION (City, town, or county) (State) Hughesville Md.

DATE REC'D BY LOCAL REG. 2/28/55 — REGISTRAR'S SIGNATURE: Josie H. Casey

24. FUNERAL DIRECTOR ADDRESS: Hunt & Ryon, Waldorf, Md.

RECEIVED
MAR 3 1955
BUREAU V. S.

1547 MARYLAND STATE DEPARTMENT OF HEALTH 01534

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 66 Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ironsides
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) George (Middle) C. (Last) DYSON
4. DATE OF DEATH (Month) Feb. (Day) 8 (Year) 1955
5. SEX M.
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M.
8. DATE OF BIRTH 6-18-1894
9. AGE last birthday 60 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pawper Fcty Attendant
10b. KIND OF BUSINESS OR INDUSTRY U.S. Govt
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Alexander Dyson
14. MOTHER'S MAIDEN NAME Mary E. Williams
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) —
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS Reginald Dyson, Waldorf, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

585X

Immediate cause (a) PULMONARY EMBOLISM — 4 HRS.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) THROMBOPHLEBITIS LEFT LEG — 2 WKS.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. GENERALIZED ARTERIOSCLEROSIS — 2 YRS.

19a. DATE OF OPERATION 1-14-55
19b. MAJOR FINDINGS OF OPERATION CHRONIC CHOLECYSTITIS c̄ CHOLELITHIASIS: CHRONIC APPENDICITIS
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 30, 1954, to FEB. 8, 1955, that I last saw the deceased alive on FEB. 8, 1955, and that death occurred at 11:50 P m., from the causes and on the date stated above.

SIGNATURE Warren Jarbor M.D. (Degree or title) ADDRESS La Plata, Md DATE SIGNED 2-9-55

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 2/12/55 NAME OF CEMETERY OR CREMATORY Old Durham LOCATION (City, town, or county) Ironsides, Md (State)

DATE REC'D BY LOCAL REG. 2/9/55 REGISTRAR'S SIGNATURE Julia H Posey
24. FUNERAL DIRECTOR Hunt + Ryan, Waldorf, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 14 1955
BUREAU V. S.

01535

1548

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Point — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Point
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) ARTHUR (Middle) (Last) EDELEN

4. DATE OF DEATH: (Month) FEB (Day) 12 (Year) 1955

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W.

8. DATE OF BIRTH:

9. AGE last birthday: 54 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: odd jobs

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Eddie Edelen

14. MOTHER'S MAIDEN NAME: Margie Green

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Charles Edelen, Rock Point

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 443X Immediate cause (a)	Acute cardiac failure	1 hr.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Enlarged heart	5 years
(c)	hypertension	5 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Frederick M. Johnson (Degree or title) — ADDRESS: La Plata, Md — DATE SIGNED: 12-Feb-55

23. BURIAL, CREMATION, REMOVAL, Specify: Burial — DATE THEREOF: 2/15/55 — NAME OF CEMETERY OR CREMATORY: Holy Ghost — LOCATION (City, town, or county) (State): Issue, Md.

DATE RECD BY LOCAL REG.: 2/14/55 — REGISTRAR'S SIGNATURE: Julia H. Carey — 24. FUNERAL DIRECTOR: Hewitt & Ryon — ADDRESS: Waldorf, Md.

RECEIVED
FEB 17 1955
BUREAU V. S.

1549 MARYLAND STATE DEPARTMENT OF HEALTH 01536

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

Items 1, 4, 11 File Cl27 2-copies

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Charles — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bryans Road — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington — COUNTY D.C.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Navy Receiving Station 49X3
STREET ADDRESS (If rural, give location) Washington D.C.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) George (Last) Fox

4. DATE OF DEATH: (Month) Feb. (Day) 16 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 4-24-29

9. AGE last birthday: 26 yrs. 3/7 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U.S. Navy

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Navy

11. BIRTHPLACE (State or foreign country): Nyack, N. Y.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Deceased

14. MOTHER'S MAIDEN NAME: Raymond A Thrasher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) Yes

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Records US Navy Receiving Station

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

824 X Immediate cause (a) Pelvic Injuries with probable — Instant

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fracture Right Hip

(c) Multiple lacerations Face Hands

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No X

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING ☐ CAUSE OF DEATH | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Route 210 | (CITY OR TOWN) Bryans Road | (COUNTY) Charles | (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) Feb 16 1955 m. | INJURY OCCURRED While at work ☐ Not while at work 210 Route | HOW DID INJURY OCCUR? Was driving Car Struck a Post Car Overturned Was thrown out when door opened

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Frank Dusanko — ADDRESS Indian Head, Md — DATE SIGNED 2-16-55

23. BURIAL, CREMATION, REMOVAL (Specify) Removal | DATE THEREOF 2-16-55 | NAME OF CEMETERY OR CREMATORY Bethesda Md | LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 2.16.55 | REGISTRAR'S SIGNATURE M. L. Mourse

24. FUNERAL DIRECTOR Hunt & Ryon — ADDRESS Waldorf, Md

VS. A15A

FES

BUREAU V. 9

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01537

1550 CERTIFICATE OF DEATH

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata Md — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 66 Phys. Men. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Alvey	Dent	Gamble	2	6	1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE Last Birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	M	10-9-03	51 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Contractor	Excavation	Va.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Alvey Dent Gamble	Ida E.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Coronary Occlusion	2-3-55
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) M.	INJURY OCCURRED While at work ☐	Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-3, 1955, to 2-6, 1955, that I last saw the deceased alive on 2-6, 1955, and that death occurred at 2:40 m., from the causes and on the date stated above.

SIGNATURE L. Edelen (DEGREE OR TITLE) M.D. ADDRESS La Plata Md. DATE SIGNED 2-7-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/8/55	Mt. Rest	La Plata Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/8/55	Julia H. Casey	Dunkart Funeral Home	La Plata Md

1551

MARYLAND STATE DEPARTMENT OF HEALTH

01538

Item 21a Film G178 3-9-55 ams

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct an is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: La Plata
LENGTH OF STAY (in this place): Dead on arrival
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Physicians Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: D. C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 225 C Street S.W.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Richard		Henson	2	1	55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
Male	Colored	M	10-31-1909	45 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Truck Driver		D. C.	U.S.A.

13. FATHER'S NAME: Clarence Henson
14. MOTHER'S MAIDEN NAME: Emma Matthews

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Joseph Henson, same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage and shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Gun shot wound of the abdomen

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home | (CITY OR TOWN): Marshall's Corner | (COUNTY): Charles | (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): 2 1 55 9:45P | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? Cleaning a gun

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection , Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident X, suicide , homicide , undetermined .*

SIGNATURE: James H. Bowyer | (Degree or title): M. D. | ADDRESS: Forestville, Md. | DATE SIGNED: 2/2/55

23. BURIAL, CREMATION (REMOVAL) (Specify) | DATE THEREOF: 2-2-55 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State): Washington DC

DATE REC'D BY LOCAL REG.: 2/2/55 | REGISTRAR'S SIGNATURE: Grace M. Posey / Julia A. Casey 2/7/55

24. FUNERAL DIRECTOR | ADDRESS: Lucas & Lemmon 614-4th St, S.W.

VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

9224 09695

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 105

1. PLACE OF DEATH:
COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE N.C. COUNTY Tax
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Winston Salem
STREET ADDRESS 659-24 St (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) ERNEST (Middle) (Last) JARRETT
4. DATE OF DEATH (Month) (Day) (Year) Approx Feb 1955

5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Mk
8. DATE OF BIRTH: Mk
9. AGE last birthday: Approximate
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: General work
11. BIRTHPLACE (State or foreign country): N.C.
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Unk
14. MOTHER'S MAIDEN NAME: Unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: Unk
17. INFORMANT & ADDRESS: Md State Police Waldorf Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
932.9
Immediate cause (a) Unknown
DUE TO
Antecedent cause(s) (b) Probably exposure
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: Feb 1955

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,
21c. (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☒.

SIGNATURE C. Edelen M.D. M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 10-10-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 10-29-55
NAME OF CEMETERY OR CREMATORY [illegible]
LOCATION (City, town, or county) (State) [illegible]

DATE REC'D BY LOCAL REG. 10-29-55
REGISTRAR'S SIGNATURE M. L. Monroe
24. FUNERAL DIRECTOR [illegible]
ADDRESS

1552 MARYLAND STATE DEPARTMENT OF HEALTH 01539

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 10-6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Charles; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pomonkey Heights; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Chas.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Potomac Heights; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Jeanette (Middle) (Last) JOHNSON

4. DATE OF DEATH: (Month) 2 (Day) 6 (Year) 55

5. SEX: F

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S

8. DATE OF BIRTH: 12-26-54

9. AGE last birthday: yrs.; If under 1 year: Months, Days; If under 24 hrs: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Johnson

14. MOTHER'S MAIDEN NAME: Alice Proctor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Broncho Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2-5-55

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) Home (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ✓, Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ✓, accident ☐, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE: A Modelin M.D. (Degree or title) ADDRESS: Lilliard Md DATE SIGNED: 2-6-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 2/7/55; NAME OF CEMETERY OR CREMATORY: Smith Chapel; LOCATION (City, town, or county) (State): Pisgah, Md.

DATE REC'D BY LOCAL REG.: 2/6/55; REGISTRAR'S SIGNATURE: Odey Price

24. FUNERAL DIRECTOR: Father James Johnson; ADDRESS: Potomac Heights

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01540

1553

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 106

Item 2 FilmG178 3-8-55 at

1. PLACE OF DEATH:

COUNTY Charles — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marshall's Corner — LENGTH OF STAY (in this place)

X

HOSPITAL OR INSTITUTION OR STREET ADDRESS

00

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md Ohio — COUNTY Charles

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata

STREET ADDRESS (If rural, give location) RFD

3. NAME OF DECEASED: (Type or Print) (First) Lilora (Middle) (Last) Little

4. DATE OF DEATH: (Month) Feb (Day) 24 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 1, 1890

9. AGE last birthday: 64 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Andrew Boyd

14. MOTHER'S MAIDEN NAME: Ann Litteral

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Frank Little (Husband)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

432.2

Immediate cause (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 3 years

DUE TO

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1954, to Feb 24, 1955, that I last saw the deceased alive on Feb 20, 1955, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Frank G. Susan M.D. — ADDRESS Indian Head Md — DATE SIGNED 2-24-55

23. BURIAL, CREMATION REMOVAL (Specify): Removal — DATE THEREOF 2-24-55 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) Ironton (State) Ohio

DATE REC'D BY LOCAL REG. 2/24/55 — REGISTRAR'S SIGNATURE Ody Price

24. FUNERAL DIRECTOR Huntt + Ryan — ADDRESS Waldorf Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

R 7 1955

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1554

CERTIFICATE OF DEATH

01541

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X La Plata
MARYLAND LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 66 Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: White Plains X
STREET ADDRESS (If rural give location): /

3. NAME OF DECEASED: (Type or Print) (First) Roy (Middle) N. (Last) Rittenhouse

4. DATE OF DEATH: (Month) 2 (Day) 12 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: April, 1912

9. AGE last birthday: 42 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Naval Powder Factory

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samual Rittenhouse

14. MOTHER'S MAIDEN NAME: Nannie Lewis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) Yes ✓ WW II

16. SOCIAL SECURITY NO.: 228-05-5657

17. INFORMANT & ADDRESS: Virginia Henry- Baltimore, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial infarction. — Interval Between Onset And Death: 3 day.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Coronary artery disease. — 6 mo.
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1954, to Feb, 1955, that I last saw the deceased alive on 12 Feb, 1955, and that death occurred at 12:10 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title): J R Woodall MD
ADDRESS: La Plata. Md.
DATE SIGNED: 13 Feb 55.

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF: 2/13/55
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State): Weldon N.C.

DATE REC'D BY LOCAL REGISTRAR: 2/13/55
REGISTRAR'S SIGNATURE: Julia H. Laney

24. FUNERAL DIRECTOR: Huntt + Ryon
ADDRESS: Waldorf, Maryland

VS. A15

RECEIVED
FEB
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1555 **CERTIFICATE OF DEATH**

Reg. Dist. No. 01542

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN) and give nearest town) X P.O. Indian Head
LENGTH OF STAY (in this place) 3 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Potomac Heights

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN P.O Indian Head X
STREET ADDRESS (If rural, give location) Potomac Heights. /

3. NAME OF DECEASED: (Type or Print) (First) Vertinia (Middle) (Last) White

4. DATE OF DEATH: (Month) Feb. (Day) 19 (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH: Nov 18. 1954

9. AGE last birthday: yrs. 2 / IF UNDER 1 YEAR Months Days / IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Ind. Head

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Edwarnce White

14. MOTHER'S MAIDEN NAME: Alice Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Edwarnce White, Ind. Head. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

490 X

Immediate cause (a) Bronchopneumonia Bilateral DUE TO — INTERVAL BETWEEN ONSET AND DEATH 3 wks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Malnutrition 1 month

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☐ No X

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 6, 55, to Feb 19, 55, that I last saw the deceased alive on Feb 19, 55, and that death occurred at 11 A m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Frank Dean M.D Indian Head. Md 2-19-55

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF Feb 20. 1955 NAME OF CEMETERY OR CREMATORY Oak Grove Baptist Church LOCATION (City, town, or county) Nanjemoy (State) Md

DATE REC'D BY LOCAL REG. 2/19/55 REGISTRAR'S SIGNATURE Odey J'Rice

24. FUNERAL DIRECTOR ADDRESS None (To be filled in by Funeral Director)

4:X4265274

Potomac Heights, Md

01543

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1556

CERTIFICATE OF DEATH

Reg. Dist. No. 106

1. PLACE OF DEATH:
COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memo Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Chas
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Accokeek X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Gilbert (Middle) E. (Last) Wilson

4. DATE OF DEATH: (Month) Feb. (Day) 15 (Year) 1955

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Oct 10 1878
9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sawmill
10b. KIND OF BUSINESS OR INDUSTRY: Lumbering
11. BIRTHPLACE (State or foreign country): Va
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Gilbert Wilson
14. MOTHER'S MAIDEN NAME: Gertrude Borden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Lottie Wilson Accokeek Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
157X
Immediate cause (a) Carcinoma Pancreas — INTERVAL BETWEEN ONSET AND DEATH: Indefinite
DUE TO
Antecedent cause(s) (b) Metastasis to liver — Indefinite
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/13, 1955 to 2/15, 1955, that I last saw the deceased alive on 2-15-55 19....., and that death occurred at 5:45 P.m., from the causes and on the date stated above.

SIGNATURE James Lindsay (DECREE OR TITLE) ADDRESS Indian Head Md DATE SIGNED 2-16-55

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 2/18/55
NAME OF CEMETERY OR CREMATORY Christ Church Cemetery
LOCATION (City, town, or county) Accokeek Md (State)
DATE REC'D BY LOCAL REG. 2/18/55
REGISTRAR'S SIGNATURE Odey Price
24. FUNERAL DIRECTOR Hunt & Ryan Waldorf Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
FEB 24 1955
BUREAU V. S.

1557

01544

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 105

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Charles; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Waldorf; MARYLAND; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Charles; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Waldorf; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Theresa (Middle) (Last) Wimberger

4. DATE OF DEATH: (Month) Feb (Day) 18 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan 7, 1893

9. AGE last birthday: 62 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Kohmeier

14. MOTHER'S MAIDEN NAME: Fra nzika Haberl

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: George Wimberger Waldorf, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) strangulation - hanging	Few seconds
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) mental depression	6 Months
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) FARM (CITY OR TOWN) WALDORF (COUNTY) CHAS. (STATE) MD.

TIME OF INJURY (Month) (Day) (Year) (Hour) FEB 18-1955-11AM; INJURY OCCURRED While at work ☐ Not while at work ☑; HOW DID INJURY OCCUR? Hanging -

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ✓, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ✓ homicide ☐, undetermined ☐.*

SIGNATURE: Frederick M Johnson M.D. (Degree or title) ADDRESS: La Plata, Md DATE SIGNED: 1 Feb 55

23. BURIAL, CREMATION (Specify): Burial; DATE THEREOF: Feb. 21, 1955; NAME OF CEMETERY OR CREMATORY: Saint Peters; LOCATION (City, town, or county) (State): Waldorf, Maryland

DATE REC'D BY LOCAL REG. 2-21-55; REGISTRAR'S SIGNATURE: M. L. Moore

24. FUNERAL DIRECTOR: H untt & Ryon ADDRESS: Waldorf, Md

VS. A15A

RECEIVED
FEB 24 1965
BUREAU V. S.